

**ATTACHMENT 2.8**  
**NEW YORK STATE DEPARTMENT OF HEALTH**  
**HEALTH CARE REFORM ACT - PUBLIC GOODS POOL**

**Merger – Acquisition Form**

1. Name of acquiring company: \_\_\_\_\_
2. Federal ID Number: \_\_\_\_\_
3. Name of acquired company: \_\_\_\_\_
4. Federal ID Number: \_\_\_\_\_
5. Effective date of merger/acquisition: \_\_\_\_\_
6. Did health plan terminate the effective date of the merger?      ☐ Yes      ☐ No  
  
6a. If not, enter date health plan terminated: \_\_\_\_\_
7. Who is responsible for any outstanding health plan obligations that may exist up to the date the health plan terminated? \_\_\_\_\_
8. Who will be paying run-out claims for this plan? \_\_\_\_\_  
  
8a. Enter date all New York claims have been adjudicated: \_\_\_\_\_
9. Is the acquiring company a participant as an elector in the NYS Public Goods Pool?  
☐ Yes      ☐ No
- 9a. If not, would you like to become a participant in the Public Goods Pool?  
☐ Yes      ☐ No

**COMMENTS**

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_

**Please mail completed form to:**

**Mr. Jerome Alaimo, Pool Administrator**  
Office of Pool Administration  
Excellus BlueCross BlueShield, Central New York Region  
P.O. Box 4757  
Syracuse, New York 13221-4757

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**Merger – Acquisition Form Instructions**

**Name of Acquiring Company/ Federal ID Number:** Enter legal name of acquiring company and their 9-digit federal employer identification number (FEIN).

**Name of Acquired Company/ Federal ID Number:** Enter legal name of company being acquired and their 9-digit FEIN.

**Effective Date of Merger/Acquisition:** Enter effective date merger/acquisition occurred.

**Did Health Plan Terminate the Effective Date of the Merger?** Check yes or no. If the health plan has terminated on a date other than the effective date of the merger/acquisition, enter such date (i.e., merger/acquisition occurred June 2003 but the self-funded plan terminated December 31, 2003).

**Who is Responsible For Any Outstanding Health Plan Obligations That May Exist up to the Date the Health Plan Terminated?** Enter name of company liable for outstanding health plan obligations.

**Who Will be Paying Run-out Claims for this plan?** Enter name of company, not TPA, responsible for paying run-out claims. Enter date all NY claims have been adjudicated.

**Is the Acquiring Company a Participant as an Elector in the NYS Public Goods Pool?** Check the appropriate box, yes or no, to indicate if the acquiring company is an elector in the Public Goods Pool. If the NO box is checked, indicate whether the company would like to become an elector. To become an elector, an Attachment 2 and Attachment 2.1 must be completed. These forms can be found at [www.health.state.ny.us/nysdoh/hcra/forms.htm](http://www.health.state.ny.us/nysdoh/hcra/forms.htm).

**Comments:** Enter any additional comments that would be informational regarding the merger/acquisition.

**Signature Section:** An authorized individual must sign and date form.